## **EARLY DEVELOPMENT NETWORK**

Notice and Consent for Early Intervention Initial Multidisciplinary Evaluation and Child Assessment

Child's name	Date of Referral
Parent's Name	
child. The district proposes to evaluate your child because:  1. Explanation of why the district proposes to evaluate.	ol proposes to conduct a multidisciplinary evaluation of your
3. Reasons why the above options were rejected:	
·	record or report the district uses as a basis for this proposal to
5. Any other factors which are relevant to this pro	oosal:
days from the time the referral was received by the Early D circumstances exist, the evaluation and assessment proces  Following is a description of the components of the multidia ADAPTIVE DEVELOPMENT	· · · · · · · · · · · · · · · · · · ·
COGNITIVE  Multidisciplinary Evaluation Description:	
PHYSICAL DEVELOPMENT (INCLUDING VISION ANI Multidisciplinary Evaluation Description:	
SOCIAL AND EMOTIONAL DEVELOPMENT  Multidisciplinary Evaluation Description:	
SPEECH AND LANGUAGE (COMMUNICATION) DEV Multidisciplinary Evaluation Description:	ELOPMENT
OTHER  Multidisciplinary Evaluation Description:	

If your child is determined eligible for EDN services, a child assessment will be conducted to identify your child's unique strengths and needs in all areas of development and the early intervention services appropriate to meet those needs. Consent is required prior to completing your child's assessment. The assessment of your child must include:

- (a) a review of the results of the evaluation, if conducted;
- (b) observations of your child; and
- (c) the identification of your child's needs in each of the developmental areas within the context of your family's routines and activities.

GIVE CONSENT FOR INITIAL EVALUATION/CHILD ASSESSMENT (if eligible)  I/We have received a copy of the Notice for Early Intervention Initial Multidisciplinary Evaluation and Child Assessment; understand the content of the Notice and GIVE CONSENT for the Multidisciplinary Evaluation and Child Assessment (if eligible) specified in the Notice. I/We understand that this consent is voluntary and I/We may withdraw consent at any time. If I/We withdraw consent, I/We understand it is not retroactive.		
Signature of Parent(s)	Date	
DO NOT GIVE CONSENT FOR INITIAL EVALUATION  I/We have received a copy of the Notice for Early Intervention Initial Multidisciplinary and Child Assessment, understand the content of the Notice, and DO NOT GIVE CONSENT for the Multidisciplinary Evaluation/Child Assessment specified in the notice.		
Signature of Parent(s)	Date	
Parents of children with a suspected disability have protection under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). A copy of these "Parental Rights in Special Education," as well as, a copy of Rule 51, and Rule 55, which is the procedure for filing complaints and requests for due process hearings is provided with this notice.  You should carefully read the information and, if you have questions regarding your rights, you may contact at		

## **ADDITIONAL INFORMATION**

You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the following organizations:

Nebraska Department of Education Regional Offices of Special Education:

Lincoln (402) 471-2471 Omaha (402) 595-2177 Scottsbluff (308) 632-1349

Hotline for Disability Services 800-742-7594

Nebraska Parent Training Center (PTI) 800-284-8520 or (402) 346-0525